

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

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Dear Nursing and Medical Directors:

Substantial influenza-related morbidity and mortality among residents of Long Term Care Facilities (LTCFs) continues to occur each year. Attack rates of influenza A in LTCFs often range from 20 to 40 percent, and case-fatality rates range from 5 to 55 percent. Twenty-two percent of LTCF residents who contract influenza during outbreaks either develop complications severe enough to require hospitalization, or die. The fundamental components of an effective influenza prevention and control policy in long term care facilities are:

- Yearly influenza vaccination of residents: The Centers for Disease Control and Prevention (CDC) recommends annual influenza vaccination all persons aged ≥65 years and residents of nursing homes and other chronic-care facilities that house persons of any age who have chronic medical conditions.
  - A Health and Human Services (HHS) policy dated October 1, 2002 allows nursing homes, hospitals and home health agencies to administer influenza and pneumococcal vaccines to Medicare and Medicaid beneficiaries using "standing orders" developed through a physician-approved facility policy after assessment of contraindications. The HHS policy is available at: <a href="http://cms.hhs.gov/providerupdate/regs/cms3160fc.pdf">http://cms.hhs.gov/providerupdate/regs/cms3160fc.pdf</a>.
- Yearly vaccination of all health care workers and personnel (both medical and non-medical) who have contact with patients: The CDC recommends annual influenza vaccination for both HCWs and other employees of assisted living and other residences for persons in groups at high risk for complications of influenza.
  - Influenza can be transmitted in LTCFs from patient-to-patient, from visitor-to-patient, from patient-to-staff, and from staff-to-patient. In two separate studies (see Carman and Potter, below) in geriatric long-term care facilities, total patient mortality was significantly lower in those sites where the facility's health care workers (HCW) were routinely vaccinated when compared to sites where routine vaccination was not offered to HCWs (10% vs. 17% and 14% vs. 22%). Increased rates of HCW vaccination also correspond with a significant decrease in the incidence of healthcare-associated influenza.
- Restricting staff with influenza-like illness from working, and discouraging
  visitors with influenza-like illness from visiting: Persons with respiratory
  symptoms of any kind should be informed of appropriate precautions to prevent
  spread of respiratory infections to residents. These can include frequent hand washing
  and wearing facemasks when appropriate to prevent transmission by respiratory
  droplets.
- Recognizing influenza early: The clinical picture of influenza may vary with age and immune status, making recognition of the disease difficult in the elderly. We encourage you to educate your staff about the subtle ways in which influenza may present in elderly persons (i.e., anorexia, mental status changes, fever, worsening of chronic respiratory status or congestive heart failure). We also ask that you have a low threshold for obtaining influenza cultures and antigen tests in ill persons. Public





Health provides viral culture kits and laboratory testing at no cost to you. In most instances you can obtain viral culture kits the same day by calling the Public Health laboratory at 206-731-8950, weekdays from 8:00 a.m. to 5:00 p.m.

- Reporting outbreaks of influenza to Public Health: An influenza outbreak should be suspected whenever 10 percent of the resident population becomes ill with a febrile, respiratory disease consistent with influenza, or when three cases of influenza-like illness occur on the same unit within 48-72 hours, with at least one resident having been confirmed to have influenza A. Health care facilities in Washington are required by law to report outbreaks and suspected outbreaks of disease to Public Health (WAC 246-100-076). Please report suspected or confirmed influenza outbreaks immediately by calling 206-296-4774 or by faxing the enclosed influenza surveillance report form to 206-296-4803. When an outbreak of influenza is suspected, Public Health can assist you in confirming and responding to the problem.
- Prompt administration of antiviral medication for treatment or prophylaxis of influenza infection during outbreaks. Antiviral medications must be provided quickly to effectively stop an outbreak; therefore orders for these medications must be considered in advance. A reference we recommend is Prevention of Influenza in Long Term Care Facilities by Bradley et al, published in <a href="Infection Control & Hospital Epidemiology">Infection Control & Hospital Epidemiology</a> (1999; 20: 629-37).

**Pneumococcal infections** also result in high morbidity and mortality in elderly persons. In order to prevent severe illness related to pneumococcal infections, pneumococcal vaccine should be offered to residents of LTCFs. Although usually given once in a lifetime, certain individuals are eligible for revaccination and it is safe to administer pneumococcal vaccine to a person who is unsure whether he/she has received this vaccine in the past.

Long term care providers should also report outbreaks of gastroenteritis, or any cluster of illness thought to be food borne to public health. Please call Public health at 206-296-4774 as soon as you suspect an outbreak is occurring.

Sincerely,

Jeffrey S. Duchin, MD Chief, Communicable Disease Control, Epidemiology & Immunization Section Public Health – Seattle & King County

## **References ad Resources:**

- Carman WF, et al. Effects of influenza vaccination of health-care workers on mortality of elderly people in long-term care: a randomized controlled trial. Lancet 2000; 55:93-7.
- Potter J, et al. Influenza vaccination of health care workers in long-term-care hospitals reduces
  - the mortality of elderly patients. J Infect Dis1997; 175:1-6.
- Talbot TR et al. SHEA Position Paper: Influenza vaccination of healthcare workers and vaccine
  - allocation for healthcare workers during vaccine shortages, Infect Control Hospital Epidemiol (*in press*).

- CDC. Prevention and Control of Influenza. Recommendations of the Advisory Committee on immunization Practices (ACIP), 2005. Available at: <a href="http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5408a1.htm">http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5408a1.htm</a>
- Additional information from the CDC Prevention on prevention and control of influenza can be found on the Internet at: <a href="http://www.cdc.gov/flu/professionals/infectioncontrol/healthcarefacilities.htm">http://www.cdc.gov/flu/professionals/infectioncontrol/healthcarefacilities.htm</a>